HEALTH CARE REFORM ACT – PUBLIC GOODS POOL

Instructions: Complete form to reflect any changes made to Federal Employee Identification Number (FEIN), name, address and/or contact. To verify what our records currently reflect under your FEIN, name and address, please visit our website at: www.health.state.ny.us/nysdoh/hcra/elector.htm

Is your name and/or FEIN change the result of a merger/acquisition?  □ YES  □ NO

If yes, please fill out form DOH-4406 (Merger-Acquisition) and mail with this form to address below.

Please check applicable box:  □ Payor  □ TPA  □ ASO

CURRENT INFORMATION:

FEIN #: _____________________________________________________
NAME: _______________________________________________________________________________________
ADDRESS: _______________________________________________________________________________________
CONTACT: _______________________________________________________________________________________

NEW FEIN #: ______________________________________________
NEW NAME: ________________________________________________________________________________
NEW ADDRESS: _________________________________________________________________________________
NEW CONTACT: _________________________________________________________________________________

COMMENTS: _________________________________________________________________________________
____________________________________________________________________________________

SIGNATURE:  _________________________________________________
TITLE:  _________________________________________________
PHONE #:  _________________________________________________
E-MAIL ADDRESS:  _________________________________________________

DATE:  __________________________

Please mail completed form to:
Mr. Jerome Alaimo, Pool Administrator
Office of Pool Administration
Excellus BlueCross BlueShield, Central New York Region
P.O. Box 4757
Syracuse, New York 13221-4757